## "FEE ADDRESS" INDICATION FORM

| Address to: Commissioner for Patents  Mail Stop M Correspondence P.O. Box 1450  Alexandria, VA 22313-1450          |                                   |   | Fax to:<br>571-273-6500<br>- OR - |   |
|--|-----------------------------------|---|-----------------------------------|---|
| wit  |                                   | se recognize as the "Fe<br>wing customer number |                                   | the provisions of 37 CFR 1.363 the address associated |
|  | $\boxtimes$                       | Customer Number                                 | 0200                              | 16  |
|  |                                   |   | Type Customer I                   | Number here   |
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| Request for Customer Number (PTO/SB/125) attached hereto   |                                   |   |                                   |   |
|  |                                   |   |                                   |   |
| in t   | the followi                       | ng listed application(s)                        | for which the Issue               | Fee has been paid or patent(s).                       |
|  | PATENT NUMBER                     |   |                                   | APPLICATION   |
| (if known)   |                                   |   |                                   | NUMBER  |
|  |                                   | 7,569,602                                       |                                   | 10/576,095  |
|  |                                   |   |                                   |   |
|  |                                   |   |                                   |   |
|  |                                   |   |                                   |   |
|  |                                   |   |                                   |   |
| (check one)  Applicant/Inventor  |                                   |   |                                   | /B. J. Sadoff/<br>Signature                           |
|  |                                   |   |                                   | Signature   |
| $\boxtimes$  | Attorney or Agent of record36,663 |   |                                   | B. J. Sadoff  |
|  |                                   |   | (Reg. No.)                        | Typed or printed name                                 |
|  | Assigned                          | of record of the entire in                      | toract See 37                     |   |
| Assignee of record of the entire interest. See 37 C.F.R. § 3.71. Statement under 37 C.F.R. § 3.73(b)               |                                   |   |                                   | 703-816-4091  |
|  |                                   | ed. (Form PTO/SB/96)                            | 3 ( )                             | Requester's telephone number                          |
|  |                                   |   |                                   |   |
|  | Assianm                           | ent recorded at Reel                            | Frame                             | September 14, 2009                                    |
|  | , 100 igi iii i                   | _   |                                   | Date  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are |                                   |   |                                   |   |
| Sub  | omit multip                       | le forms if more than one                       | signature is required             | I, see below.*  |
| $\boxtimes$  | *Total of                         | 1 form/s are submitt                            | ed.                               |   |